

INSTRUCTIONS FOR COMPLETING FORM: This form must be typed. The signature field must be signed by the person whose signature appears on the back of the credit card. You must photocopy your credit card (BOTH SIDES) and attach the copy to this form.

United States Bankruptcy Court – Eastern District of Virginia
CREDIT CARD ONE TIME AUTHORIZATION FORM

I hereby authorize the U. S. Bankruptcy Court for the Eastern District of Virginia to charge the credit card listed below for payment of fees, costs, and expenses which are listed below. I certify that I am authorized to use this credit card.

Credit Cardholder Name: _____

Signature: _____ **Date:** _____

Company/Firm Name: _____

Address: _____

Telephone Number: _____

CARD TYPE: **(Check card type below)**

MasterCard VISA Discover American Express ** Diners Club

**** American Express ID Number:** _____ **(This four digit number is printed on your card above the embossed account number.)**

Account Number: _____ **Exp. Date:** _____

CHARGE INFORMATION: Please list the appropriate amounts for each applicable charge.

Filing Fee (for new cases)	\$ _____
Motion Fee	\$ _____
Conversion Fee	\$ _____
Search Fee	\$ _____
Copies made by court - number of copies:	\$ _____
Certification Fee	\$ _____
Appeal Fee	\$ _____
File Retrieval from Archives	\$ _____
Complaint Fee	\$ _____
Other: _____	\$ _____
TOTAL CHARGES	\$ _____

[Revised 6/03/02]